

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/560,159						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	2						53						
4	④ 1						54						
5	④ 1						55						
6	④ 1						56						
7	1						57						
8	④ 1						58						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↔			↔		TOTAL IND.		↔				
TOTAL DEP.	7	↔			↔		TOTAL DEP.		↔				
TOTAL CLAIMS	9	[REDACTED]			[REDACTED]		TOTAL CLAIMS		[REDACTED]				